

State of Nebraska Investigator's Motor Vehicle Accident Report

2	Total Number of Vehicles	Local No./ District	Agency Case No. 11-227	HIT & RUN? <input type="radio"/> Yes <input checked="" type="radio"/> No	INVESTIGATION MADE AT SCENE? (X YES () NO
A1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y	S M T W T H F S	TIME OF ACCIDENT	STATE USE ONLY
A2	PLACE OF ACCIDENT	COUNTY CUMING	CITY	POLICE NOTIFIED	LATITUDE
B 74	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 1044 HIGHWAY 275		ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LONGITUDE
C 1	DISTANCE FROM MILEPOST	FEET 0	N S E W OF MILEPOST	HIGHWAY NO.	SHOULD LOCATION HAVE ENGINEERING STUDY? <input type="radio"/> YES <input checked="" type="radio"/> NO
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION		
V1/M 20	NAME OF INTERSECTING ROADWAY				
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
E 1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVED DAMAGE TO STATE DEPT OF ROAD'S PROPERTY? () YES () NO X

VEHICLE NO. 1

F 1	DRIVER LICENSE NO.	H12305306	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 1	DRIVER	ALLEN, LORIA.	PHONE	402-380-4979	
V2/N	DRIVER ADDRESS	2044 HWY 275, LOT 20 WEST POINT, NE 68788		DATE OF BIRTH (MM/DD/YYYY)	
G 2	OWNER	ALLEN, LORIA.	PHONE	402-380-4979	
H 5	LICENSE PLATE NO.	24B864	YEAR (Plate Expires)	12	STATE NE
V1/O 1	VEHICLE	YEAR 03 MAKE FORD MODEL TAURUS BODY STYLE 4D SEDAN 4DR COLOR SIL	ESTIMATED DAMAGE () TOTAL \$	1,000.00	
V2/O	VEHICLE ID NO. (VIN)	1FAPP55213A181885		POLICY NO.	PA100002756
I 1	TOWED TO	TOWED BY	INSURANCE COMPANY BUCKEYE STATE MUTUAL INS CO		

VEHICLE NO. 2

I 1	DRIVER LICENSE NO.		STATE (Of License)		SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P 1	DRIVER	PARKED VEHICLE		PHONE	
V2/P	DRIVER ADDRESS			DATE OF BIRTH (MM/DD/YYYY)	
J 01	OWNER	RAMIREZ, MA G.	PHONE	402-372-5827	
V1/Q 5	LICENSE PLATE NO.	24E972	YEAR (Plate Expires)	12	STATE NE
V2/Q	VEHICLE	YEAR 01 MAKE JEEP MODEL CHEROKEE BODY STYLE UT UTILITY COLOR MAR	ESTIMATED DAMAGE () TOTAL \$	1,000.00	
10	VEHICLE ID NO. (VIN)	1J4GW48S91C665855		POLICY NO.	43949992-8
	TOWED TO	TOWED BY	INSURANCE COMPANY PROGRESSIVE INS.		

Complete this section for all injured persons
(Complete a continuation report, if more than three were injured)

VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM/DD/YYYY)	1	2	3	4	5	SEX M F
				Seat Position	Eject	Body Region	Injury	Trans	
0									
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
0									
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					
0									
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
11-227

Indicate North by Arrow

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Vehicle #1 was backing from driveway of 2044 Hwy. 275, Lot #20, did not notice Vehicle #2 parked, and struck Vehicle #2 on the right rear corner. No diagram vehicle was moved.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
				- -	\$
WITNESSES	NAME				- -
	NAME				- -

VEHICLE MOVEMENT BEFORE COLLISION		POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	VEH 2	0															
VEH NO.	N S E W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		<table border="1"> <tr><td>4</td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td></tr> </table>		4				4				<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td>9</td><td></td><td></td><td></td></tr> </table>						9				Driver No. 1	Driver No. 2	Pedestrian
4																													
4																													
9																													
1	N	PVT. ROAD	POINT OF IMPACT 04	POINT OF IMPACT 04	<table border="1"> <tr><td>4</td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td></tr> </table>		4				4				<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>										ALCOHOL TESTING	Y	Y	Y	
4																													
4																													
2			MOST DAMAGED AREA 04	MOST DAMAGED AREA 04	<p>1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown</p>		<p>1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown</p>		ALCOHOL LEVEL TESTED	N	N	N	N																
1	02	06 Turning left			<p>00 None 01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right</p>		<p>01 None used - vehicle occupant 02 Lap & shoulder belt used 03 Shoulder belt only used 04 Lap belt only used 05 Child safety seat used 06 Child booster seat used 07 DOT approved helmet used 08 Costume helmet used 09 Restraint use unknown</p>		BAC LEVEL	0.000	0.000	0.000																	
2	10	07 Making U-turn 08 Entering traffic lane			<p>09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other</p>		<p>1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown</p>		ALCOHOL/ DRUGS SUSPECTED		Driver No. 1 1	Driver No. 2																	
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		CUMING CO. SHERIFF OFFICE		Photographs taken?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																				
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE			DATE OF REPORT		08/28/11																					
9241 HERRICK, STANLEY			Chief Deputy Stanley Herrick																										